

EFFECTIVE

June 1, 2018.

Subject(s)

FOM 803, Medicaid - Foster Children

1. Children with MA-ASDW.
2. Children receiving Supplemental Security Income (SSI).
3. Out-of-state placements and Michigan Medicaid.
4. Private health insurance.
5. Medicaid in detention, court treatment center, jail or training school placements.
6. MA-FCDW closures.
7. DCH 1426, Application for Health Coverage & Help Paying Costs.
8. Health identification cards.
9. Foster Care Transitional Medicaid (FCTMA).

1) Children with MA-ASDW

Policy updates include actions necessary to activate MA-FCDW for children entering foster care as an MA-ASDW recipient.

- The MA-ASDW must be closed to open MA-FCDW.
- The adoption assistance specialist for the family must be notified that the child has returned to foster care.

Reason: Direction from the MDHHS Adoption and Guardianship Assistance Office.

2) Children Receiving Supplemental Security Income (SSI)

For children who are SSI recipients, the Social Security Administration (SSA) has determined the child has a physical,

emotional and/or mental disability that qualifies the child to receive SSI benefits. SSI recipients receive MA-SSI. MA-FCDW is not opened for children receiving MA-SSI. The SSA has multiple initial and ongoing reporting requirements for all SSI cases in which DHHS must comply. If the requirements are not met, the child will lose Supplemental Security Income (SSI) benefits.

Policy is updated to include steps necessary to ensure:

- SSI remains active.
- MA-SSI information is up-to-date to ensure health care access.

SSI and DHS-3205, Foster Care/ Delinquent Ward Benefit Eligibility Record

Policy updates include clarification on the DHS-3205, Foster Care/ Delinquent Ward Benefit Eligibility Record submissions. The DHS-3205 is:

- Completed for all children who are SSI recipients upon entry into foster care.
- Completed for children and youth in foster care who may be potentially eligible for SSI benefits due to disabilities as defined in FOM 902-10, SSI Benefits Determination.
- Required to report change of child's circumstances.
- Submitted timely to appropriate office (as determined by funding source):
 - Title IV-E, State Ward Board and Care or Limited Term/Emergency - MDHHS Governmental Benefits Unit.
 - County Child Care - County Probate Court.
- Uploaded in MiSACWIS Financial Eligibility documents.

Reason: MDHHS Governmental Benefits Unit and Social Security Administration instructions.

3) Out-of-State Placements and Michigan Medicaid

Policy provides updates and clarification for the use of Michigan Medicaid for children and youth placed out-of-state. For children placed outside of Michigan, Michigan Medicaid can only be used if the health care provider in the child's placement state agrees to enroll in Michigan Medicaid. No Medicaid payments can be made to health care providers in other states unless that provider is enrolled in the Michigan Medicaid program.

If the child is not eligible for Medicaid in the receiving state or a health care provider cannot be found willing to enroll in Michigan Medicaid, the worker must develop an Interstate Compact Financial/Medical Plan detailing the plan for providing and financing health care for the child while placed out of state.

Reason: MDHHS Bureau of Medicaid Care Management and Quality Assurance, Medicaid Policy Section and Child Welfare Funding Office guidance.

4) Private Health Insurance

Policy includes the requirement for private health care coverage to be documented in the MiSACWIS Financial Section, Employment/Insurance tab.

Reason: Child Welfare Medical Unit and MISACWIS recommendation.

5) Medicaid in Detention, Court Treatment Center, Jail or Training School Placements

While youth placed in a detention facility, court treatment center, jail, or DHHS training school are still eligible for Medicaid, per federal regulations, Medicaid coverage is limited to off-site inpatient hospitalization only. The codes to indicate and identify an incarcerated youth have been changed from level of care (LOC) 32 codes to Program Eligibility Type (PET) INCAR codes. The process to end the PET INCARCERATION codes remains the same as indicated in the policy.

Reason: Bridges and CHAMPS Modernizing Continuum of Care process.

6) MA-FCDW Closures

Policy emphasizes MA-FCDW closures; children no longer placed in a foster care out-of-home placement, regardless of court jurisdiction, are not categorically eligible for MA-FCDW. The MA-FCDW must be closed when:

- Child is placed in own home, which includes:
 - Reunification.
 - Placement with non-custodial parent.

- Guardianship.
- Adoption.
- Child's foster care program type/case closes.

Reason: Bureau of Medicaid Care Management and Quality Assurance guidance.

**7) DCH-1426,
Application for
Health Coverage &
Help Paying Costs**

Policy is updated with the correct form for Medicaid application and caseworker guidance is provided in assisting parents with medical coverage information at the time child is returned home.

Reason: To identify the updated Medicaid application form and Child Welfare Medical Unit recommendation to assist parents.

**8) Health
Identification
Cards**

Policy is updated to include a requirement for youth to receive his/her mihealth (Medicaid) and MHP Member ID cards at the time he/she moves to an independent living placement.

Reason: Child Welfare Medical Unit recommendation.

**9) Foster Care
Transitional
Medicaid (FCTMA)**

Foster Care Transitional Medicaid (FCTMA) policy revisions include:

- Former foster care youth are eligible for FCTMA until the end of the month of his/her 26th birthday.
- Youth must have a current valid mailing address in MiSACWIS upon foster care case closure.
- Clarification of the FCTMA automatic referral and manual referral process in order for caseworkers to ensure eligible foster youth exiting the foster care program receive continuous Medicaid coverage.

Reason: Child Welfare Medical Unit corrections.

**MANUAL
MAINTENANCE
INSTRUCTIONS**

Changed Items ...

[FOM 803](#)